

## City of Maple Grove Public Works Yearly RPZ Backflow Preventer Test/Rebuild Report 12800 Arbor Lakes Pkwy Maple Grove, MN 55311-6180

Ph: (763) 494-6370 (Ph) Fax: (763) 494-6424

## JOB INFORMATION

COMPLETE DECRETY ADDRESS									
COMPLETE PROPERTY ADDRESS WHERE DEVICE IS LOCATED:									
OWNER/CONTACT OWNER/CONTACT									
•						PHONE:			
THORE THE PARTY OF									
DEVICE INFORMATION									
WHERE ON THE PROPERTY RO								OOM OR	
							FLOOR	LOOR:	
* <u>ALL</u> irrigation systems must be tested yearly, <u>SPRING ONLY</u>									
WHAT SYSTEM DOES THIS DEVICE SERVE:									
MAKE:		MODEL# SIZE:					COMPLETE SERIAL #		
INSTALL DATE:		LAST OVERHAUL DATE: TES						OCK BOX COMBINATION	
(MM/DD/YY)		(MM/DD/YY)			TEST DATE: (MM/DD/YY)		LOCK BOX COIVIBINATION		
TEST YEAR:	NEW INSTALL	1 '							
(CIRCLE ONE)	*PERMIT REQUIRED*	1 <sup>ST</sup> YEAR 2 <sup>ND</sup> YEAR		-		4 <sup>TH</sup> YEAR		5th YEAR OVERHAUL	
,	•	ANNUAL TEST	ANNUAL TEST	ANNU	AL TEST	ANNUAL TI	EST	*PERMIT REQUIRED *	
TESTING INFORMATION *** DEVICE MUST BE PROPERLY TAGGED AFTER TEST ***  IRRIGATION SYSTEM TESTING TO BE #1 CHECK VALVE RELIEF									
COMPLETED YEARLY IN SPRING ONLY		PSI/DIFF		PSI/DIFF			#2 CHECK VALVE		
	EFORE REPAIRS	130011							
TEXT DEL ONE REL AINS									
FI	NAL TEST								
REPAIR/REPLACEMENT INFORMATION * * * *Please read and follow instructions carefully * * *									
DESCRIBE REPAIR: ( IF EXISTING VALVE IS REPLACED, INDICATE SERIAL NUMBER OF DEVICE REMOVED AND SERIAL NUMBER OLD SERIAL #:									
OF DEVICE INSTALLED) 5 YR REBUILD MUST BE <u>TOTAL</u> REBUILD. ALL REPLACED PARTS MUST BE LEFT ON SITE FOR FINAL PLUMBING INSPECTION. PERMIT APPLICATION AVAILABLE ONLINE AT CI.MAPLEGROVEMN.GOV OR 763-494-6060.									
· <del></del>								NEW SERIAL #:	
COMPANY/TESTER INFORMATION									
TEST DONE BY: (PRINT FIRST & LAST NAME)					CERTIFICATION NUMBER:				
COMPANY NAME:					COMPANY/TESTER PHONE:				
COMPANY/CONTRACTOR EMAIL:					COMPAN	//CONTRACTOR	FAX NU	IMBER:	
COMPANY ADDRESS INCLUDING CITY, STATE, ZIP						CONTRACTOR LICENSE #			
COMM ANT ADDRESS INCLODING CITT, STATE, EIF						CONTRACTOR LICENSE #			
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## TEST REPORT FORM MUST BE COMPLETED IN ITS ENTIRETY.

PERMIT <u>IS</u> REQUIRED FOR RPZ OVERHAUL/REPLACEMENT. PERMIT <u>IS NOT</u> REQUIRED FOR ANNUAL TESTING. PERMIT APPLICATION OR INFORMATION AVAILABLE AT CI.MAPLEGROVEMN.GOV OR 763-494-6060

RETURN COMPLETED TEST REPORT TO THE MAPLE GROVE PUBLIC WORKS DEPARTMENT, ATTN. DEBRA SISNEROS, 12800 ARBOR LAKES PARKWAY, MAPLE GROVE, MN 55311-6180 <u>OR</u> FAX TO (763) 494-6424 <u>OR</u> E-MAIL TO: publicworks@maplegrovemn.gov